DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Acceptable 10 II 3/17/09

PRINTED: 02/23/2009 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 295079		ULTIF LDING IG	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	COMPLETED 02/11/2009		
NAME OF P	ROVIDER OR SUPPLIER			QTD	EET ADDRESS, CITY, STATE, ZIP CODE	UZI	11/2003	
• • • • • • •	EEN MOUNTAINVIE	W HEALTH		20	11 KOONTZ LANE ARSON CITY, NV 89701			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	DED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		IOULD BE	(X5) COMPLETION DATE		
K 000	INITIAL COMMEN	rs	K	000				
K 147 SS=D	a result of a Life Saconducted at your facility was su EXISTING Health CEdition of the Natio Association's (NFP) The findings and coby the Health Division prohibiting any crimactions or other clausavailable to any particular or local laws. NFPA 101 LIFE SACELECTRICAL WITING and CONTROL OF THE SACELECTRICAL WITING AND THE SACELECTRIC	created using Chapter 19, Care Occupancies, of the 2000 nal Fire Protection A) 101, Life Safety Code. Conclusions of any investigation on shall not be construed as hinal or civil investigations, ims for relief that may be try under applicable federal,	K ²	147	K147 The extension cords found tuse during the survey have removed.			
	This STANDARD is not met as evidenced by: NFPA 101 Chapter 12-5.1.1 Utilities shall comply with the provisions of Section 7-1 Chapter 7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electric Code. Exception: Existing installations may be continued in service subject to approval by the authority having jurisdiction. NFPA 70 EXTENSION CORDS: NFPA 70, Section 400-8 Unless specifically permitted in Section 400-7, flexible cords and			Staff will be in-serviced that extension cords are not to be used in the facility, except during times of emergency power, and only on a temporary basis, and only when plugged into an emergency outlet. Routine rounds will be done by the Maintenance Director in order to ensure that no other extension cords are being used in the facility.		3/24/ 67		
ABORATORY	DIRECTOR'S OR PROVID	ERISUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE	1	(X6) DATE	

Executive Director

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
	295079	B. WING		02/	11/2009
NAME OF PROVIDER OR SUPPLIER EVERGREEN MOUNTAINVIEN	₩ HEALTH	201	ET ADDRESS, CITY, STATE, ZIP COI I KOONTZ LANE IRSON CITY, NV 89701	DE	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
(a) As a substitute NFPA 70, Section 3 Accidental Damage shall be protected f Sharp corners and Where passing thropoints, protections damage. Based on observation that the electrical inconformed to NFPA Findings include: The below listed local electrical problems: 1) In the main dininical supplying power to plant in the northea 2) In the main dininical supplying power to southeast corner of Note: The current prodifferent from when evidenced by the accompliances; resident beds, air concentration the resident person (televisions, DVD processors). The facility must be capacity for the circal strongly recommend.	used for the following: for fixed wiring of a structure 305-4(h) Protection from e. Flexible cords and cables from accidental damage. projections shall be avoided. ough doorways or other pinch shall be provided to avoid ion, the facility failed to ensure istallations within the building A 70, National Electrical Code. cations had the following g room an extension cord was lights illuminating a potted st corner of the room. g room an extension cord was two slot machines in the	K 147			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTR A. BUILDING 01 - N		CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		295079 B. WING			02/11/2009		
NAME OF PROVIDER OR SUPPLIER EVERGREEN MOUNTAINVIEW HEALTH			•	201	T ADDRESS, CITY, STATE, ZIP CODE KOONTZ LANE RSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	EFIX (EACH CORRECTIVE ACTION SH		HOULD BE COMPLETION	
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